MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038493
STATE FILE NUMBER

Registration District No. 317   Primary Registration District No. 548   Registrar's No. 2905

FILED SEP 23 1963

DO NOT WRITE ON THIS STUB — **AMENDED** — DATE AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT

ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only): Webster Groves — Length of stay in 1b: 50 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 927 N. Elm Ave — Inside Limits: Yes ✓ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo   b. COUNTY: St Louis
c. CITY OR TOWN: Webster Groves — Inside Limits: Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 927 N. Elm Ave — Reside on Farm: Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First — MAYMIE   Middle   Last — TAYLOR
4. DATE OF DEATH: Month — Sep   Day — 15   Year — 1963

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ — Never Married ✓ — Widowed ✓ — Divorced ☐
8. DATE OF BIRTH: Aug 5, 1876
9. AGE (last birthday): — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Mexia Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Robinson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Theodore Gordon 1306 Eldridge — nephew

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes ☐ — No ✓ — Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour — a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ — NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from May 1960, to Sep 15 1963 and last saw her alive on Sep 15, 1963. Death occurred at 3:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M. Howard M.D.
22b. ADDRESS: 5701 Connor Ave
22c. DATE SIGNED: 9-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sep 21, 1963
23c. NAME OF CEMETERY OR CREMATORY: Father Dickens
23d. LOCATION (City, town, or county): Crestwood — (State): Mo

24. FUNERAL DIRECTOR: Gordon & Sons — ADDRESS: 23 Euclid
25. DATE RECD. BY LOCAL REG.: 9-18-63
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Arthur L. Hilliard_
          Signature of Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 3100 Coston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.